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Bib Data Sheet

CONFIRMATION NO. 7010

SERIAL NUMBER 10/613,230	FILING DATE 07/07/2003  RULE	CLASS 702	GROUP ART UNIT 2857	ATTORNEY DOCKET NO. 10473-998
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\*\* CONTINUING DATA \*\*\*\*\* *None, Inc*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None, Inc*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/02/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Mo. Howell Ober</i> - <i>mc</i> Examiner's Signature Initials	IL	6	38	5

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## TITLE

Distributed expert diagnostic service and system

All Fees

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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